

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41700

State File No.

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>273</u> | | PRIMARY REG. DIST. NO. <u>3051</u> | | Registrar's No. <u>92</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>James</u> b. (Middle) <u>Dwight</u> c. (Last) <u>Johnson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 10 1877</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Abraham Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Manda Miller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Effie Johnson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Effie Johnson Perryville Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Hepatic) Operated</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>156A</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Dec 17 1950 12:18</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I, hereby certify that I attended the deceased from <u>Nov. 1950</u> , to <u>12/18, 1950</u> , that I last saw the deceased alive on <u>Dec. 17, 1950</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. W. Wieseman</u> | | | | 23b. ADDRESS <u>Perryville Mo.</u> | | 23c. DATE SIGNED <u>12/20/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 20 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec. 20-1950</u> | | REGISTRAR'S SIGNATURE <u>Joseph J. Gellner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No.

File No.....

JAN 29 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2138

P. O. Address Bensenville Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.